

# HAMILTON (C.S.)

Report of ten cases of  
supravaginal hysterectomy  
for fibroids of the uterus.





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REPORT OF TEN CASES OF  
SUPRAVAGINAL HYSTERECTOMY FOR  
FIBROIDS OF THE UTERUS.

By CHARLES S. HAMILTON, A. B., M. D.,  
COLUMBUS, OHIO,

THE writer wishes to report all of his cases of supravaginal hysterectomy for fibroids. It will be seen from the tabulated statement that the tumors varied in size from fifteen pounds downward. All the patients recovered from the operation. One (in Case II) died of organic heart disease four months later.

Nothing has been learned of the patient in Case I since her discharge from the hospital. The appendages were removed when seriously diseased or when their ablation greatly simplified the operation. In young subjects with sound appendages a tube and ovary were left to minimize the disturbance of the nervous system. In women approaching the climacteric, or having already entered upon it, the treatment of these organs was determined by their relation to the growth and the diseased appearances that they manifested. The stump was secured extraperitoneally with elastic ligature and fixation pins, after tying the whole or a portion of the broad ligaments. The constrictor was carried both above and below the pins to prevent its slipping either up or down on the pedicle. In the first cases the peritonæum was stitched around the stump. This line of



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sutures is deeply located, sometimes difficult to insert, and may become septic from the stump and lead to infection of intra-abdominal ligatures. If this happens, a persistent sinus results. Therefore in several of the more recent operations the peritonæum was carefully coaptated to the uterine structure without sutures with satisfactory results.

When the tumor had been cut away a saturated solution of chloride of zinc, pure carbolic acid, or the cautery was applied to the pedicle and exposed cervical mucous membrane. Gauze was then placed about it in order to isolate it from the abdominal wound. Ordinarily the tissue included by the elastic ligature separated or was ready to be removed with scissors on the tenth day.

In only one case was there any suppuration about the pedicle.

Convalescence was comparatively uneventful and painless in all the cases, with the exception of Case VIII, in which there was an attack of peritonitis. The indications for operation are sufficiently set forth in the accompanying table. In one instance repeated curettings and packing of the endometrium with iodoform gauze might have relieved the patient in a measure, but, having suffered long, she preferred hysterectomy with sure relief.

Case.	Age, color, etc.	Date of operation.	Physician.	Duration of convalescence.	What was removed.	Size of tumor.	Indications for operation.	Complications.	Drainage.	Present condition.	Remarks.
1	23, negress, single.	August, 1891, Mount Carmel Hospital.	.....	4 weeks.	Tumor, body of uterus, appendages; left pyosalpinx.	Child's head.	Impossibility of replacing uterus, pain, inability to earn living.	Immovable prolapsed uterus, too large for vaginal hysterectomy.	None.	History unknown after discharge from hospital.	
2	50, housewife.	September, 1891, home.	Dr. Watkins.	10 weeks.	Tumor, uterus, and appendages.	Edematous myoma, fifteen pounds.	Size of tumor, patient bedridden, death imminent.	Adhesions to abdominal wall, bladder, omentum; and intestines; organic heart disease, purulent endometritis.	Glass drain.	Died suddenly of heart failure four months after operation.	Unsuccessful attempt to remove appendages had been made two years before; very vascular tumor.
3	46, single.	September, 1891, hospital.	Dr. Clouse.	7 weeks.	Tumor with uterus, cystic ovaries, tubes.	Tumor extending to a point two inches above umbilicus.	Tumor growing, menorrhagia.	None.	None.	Well and strong.	
4	35, housewife.	November, 1891, hospital.	Husband.	4 weeks.	Tumor, uterus, and appendages; one ovary cystic.	Small myoma, suitable for removal of appendages; hysterectomy preferred.	An invalid from profuse menorrhagia and pain.	None.	None.	Small ventral hernia.	
5	29, housewife.	November, 1891, hospital.	Dr. Carpenter.	6 weeks.	Tumor and appendages of one side.	Four pounds and a half.	Tumor growing, health seriously impaired.	None.	None.	Well.	Sinus, closing six months after operation.
6	35, negress, married.	June, 1892, hospital.	.....	4½ weeks.	Tumor and uterus.	Child's head.	Pain and menorrhagia, patient confined to bed during half the month.	None.	None.	Well.	
7	38, housewife.	April, 1892, hospital.	Dr. Ferguson.	6 weeks.	Tumor, uterus, and appendages.	Size of a coconut.	Menorrhagia and pain.	None.	None.	Patient a neurasthenic before and after operation.	Neurotic disturbances unaffected by operation.
8	35, single.	January, 1893, hospital.	Dr. Custer.	6 weeks.	Tumor, uterus, and appendages of left side.	Multiple myomata, size of two fists.	Pain, recurrent attacks of pelvic peritonitis, inability to work.	Adhesions.	None.	Well.	Peritonitis yielding to catonel and salines on fourth day.
9	35, negress, single.	June, 1893, hospital.	.....	5 weeks.	Tumor, uterus, and appendages.	Seven pounds and a half.	Tumor rapidly growing.	None.	None.	Well.	Sinus closed seven weeks after operation.
10	46, widow, seamstress.	October, 1893, hospital.	Dr. Carpenter.	6 weeks.	Tumor, uterus, and appendages.	Six pounds.	Tumor grown.	None.	None.	Well.	







